

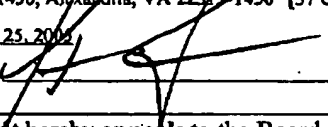
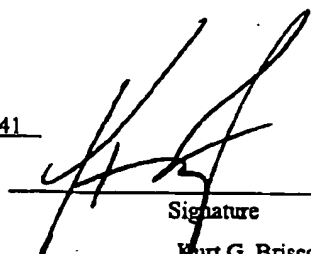
AUG 25 2005

PTO/SB/31(04-05)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 100745-7 / Mlura 214-KGB						
I hereby certify that this correspondence and every paper referred to therein as being enclosed is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on August 25, 2005 Signature 	In re Application of Isamu UEMASU et al <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number 10/009,627</td> <td style="padding: 2px;">Filed October 26, 2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For Method and equipment for continuous and selective inclusion separation</td> </tr> <tr> <td style="padding: 2px;">Art Unit 1623</td> <td style="padding: 2px;">Examiner Devesh Khare</td> </tr> </table>		Application Number 10/009,627	Filed October 26, 2001	For Method and equipment for continuous and selective inclusion separation		Art Unit 1623	Examiner Devesh Khare
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.								
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>500.00</u>						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is : \$ _____. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>14-1263</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the <input type="checkbox"/> applicant/inventor. 08/29/2005 MBIZUNES 00000065 141263 10009627 <input type="checkbox"/> assignee of record of the entire interest. 02 FC:1401 500.00 DA See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>33,141</u> <u>August 25 2005</u> Date <u>(212) 808-0700</u> Telephone Number								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		RECEIVED OIPE/IAP AUG 29 2005  Signature Kurt G. Briscoe Typed or printed name						
<input type="checkbox"/> Total of _____ forms are submitted.								

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